

**SAMPLE CONTROL FORM & CHAIN OF CUSTODY**
**SCF -**
☐ TABLET - Sample information entered on Tablet

Sampling Information (to be filled out by the Field Team)										
Field Team:			Collector's Name:			Home Org:				
Longitude:			Location Description:							
Latitude:										
Collection Date:		Collection Time (24hr):		Area Exposure Rate:		Contact Dose Rate:				
Collection Comments:										
Sample Type (use only once)	Air	Sampler ID #		Type:		Filter size & Type: <input type="checkbox"/> Paper <input type="checkbox"/> Cartridge <input type="checkbox"/> 2" <input type="checkbox"/> 4" <input type="checkbox"/> Other				
		Date/Time ON:		Date/Time OFF:		OR	Total Volume: units:			
		Start Flow Rate units		Stop Flow Rate units						
		Additional Air Filter, Provide Sample #								
	Milk	<input type="checkbox"/> Cow <input type="checkbox"/> Goat <input type="checkbox"/> Other:			<input type="checkbox"/> Stored Feed <input type="checkbox"/> Pasture <input type="checkbox"/> Other:					
		Milking Date:		Milking Time:		Number of Animals				
	Soil	Depth of soil sample: cm			Vegetation collected with soil sample? <input type="checkbox"/>			If "YES" check box if "NO" leave blank		
		Sample surface area: cm <sup>2</sup>			If vegetation in separate container, provide sample #:					
	Water	<input type="checkbox"/> Surface <input type="checkbox"/> Ground / Well <input type="checkbox"/> Potable / Tap <input type="checkbox"/> Other:								
	Other	<input type="checkbox"/> Food <input type="checkbox"/> Feed <input type="checkbox"/> Instrument <input type="checkbox"/> Swipe <input type="checkbox"/> Other:			Description:					
Sample Area (cm): L W H										
Sample Receiving (to be filled out by sample control & hotline technician)										
Processing Priority: <input type="checkbox"/> Urgent <input type="checkbox"/> Duplicate <input type="checkbox"/> Split <input type="checkbox"/> Composite <input type="checkbox"/> Blank										
Receipt Contact Dose Rate uR/hr:		<input type="checkbox"/> Contamination Check: Forms and sample bags surveyed.				Weight of Sample gram				
Analysis Requested:										
Remarks/Special instructions										
Custody Transfer (Signatures)										
Relinquished By:			Date/Time		Received By:			Date/Time		
Relinquished By:			Date/Time		Received By:			Date/Time		
Relinquished By:			Date/Time		Received By:			Date/Time		
Relinquished By:			Date/Time		Received By:			Date/Time		

Original with Sample

Copy to Sample Control

October 2011